

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-649-202**  
APPLICANT(S)

FILING DATE **08-27-03**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
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18		2				
19		2				
20		2				
21		2				
22		2				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		2				
35		1				
36		1				
37		1				
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL DEP.						
TOTAL CLAIMS						